

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-size: 1.2em;">9/137059</div>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9	/						59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		2					68		
19	/						69		
20		/					70		
21		/					71		
22		/					72		
23	/						73		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	20						TOTAL DEP.		
TOTAL CLAIMS	24						TOTAL CLAIMS		